

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on July 16, 2015. Records indicate this facility was first licensed or submitted for licensure April 29, 1999, as a Home for the Aged serving 66 residents, 14 of which reside in the Special Care Unit. Therefore the facility must meet the 1996 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1996 w/99 revisions North Carolina State Building Code Section 409 Institutional Occupancy - Group I. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by:	C 101		

CONSTRUCTION SECTION
SEP 08 2015
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mary A. Og

TITLE

Executive Director

(X6) DATE

9.1.2015

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 1. Based on observation, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components for doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s) if the exit were obstructed. Findings on July 16, 2015: a. The exit doors for the SCU have magnetic locks installed and some of the emergency release switch requires a key to operate. Interview with staff in the area revealed that they did not have the proper keys to operate the emergency release. This is not in accordance with the NC State Building Code requirement that if emergency release switches are of the keyed type, all staff responsible for evacuation of the locked unit must carry keys at all times. Also not all staff were aware of the need for a key to exit.	C 101	Keys made and copied for all staff in SCU to wear on bodies to operate emergency release switch Inservice provided to staff 7.16.15 and incorporated into SCU orientation	7.16.15
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION(f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on record review, and interview with Executive Director, the facility failed to provide the annual inspection report(s) required by this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections. Findings on July 16, 2015: a. Records indicate that the last annual Fire	C 111	Fire Inspection Completed	9/8/15

If continuation sheet 3 of 10

SEP/08/2015/TUE 10:42 AM

FAX No.

P. 005

PRINTED: 08/13/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 3</p> <p>10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin.</p> <p>Findings on July 16, 2015:</p> <p>a. The Smoke Barrier Wall in the Attic near the SCU has two PVC pipe penetrations sealed with orange foam. This orange foam is not approved to seal penetrations in fire-resistance-rated construction.</p> <p>b. The Smoke Barrier Wall in the Attic near Bedroom A01 has a metal sleeve penetration not secured to the wall and the cables inside the sleeve were not properly sealed.</p> <p>c. The Smoke Barrier Wall in the Attic near Bedroom A02 has three, 3 inch or larger PVC conduits that penetrate the wall and are not firestopped sealed.</p> <p>d. The Smoke Barrier Wall in the Attic near Bedroom B01 has an iron fire sprinkler pipe penetration whose firestop seal had cracked and displaced thus not sealed properly.</p> <p>e. In the Outside Mechanical Room behind the dryer there was a sleeve penetrating the fire-resistance-rated construction not completely</p>	C 189	<p>a. Orange foam removed. Fire Barrier Sealant UL 723 approved sealed the sleeve going into wall 8/26/15</p> <p>b. Sealed cables and metal sleeve with Fire Barrier Sealant 8/28/15</p> <p>c. Sealed 3 inch PVC with firestopped sealed 8/26/15</p> <p>d. Resealed the pipe this had cracked 8/28/15</p> <p>e. Sealed the sleeve penetrating construction in mechanical room 8/28/15</p>	

Division of Health Service Regulation

STATE FORM

0002

3RSG21

If continuation sheet 4 of 10

PRINTED: 08/13/2015
FORM APPROVED

Division of Health Service Regulation

[illegible]

SEP 08 2015

PRINTED: 08/13/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	RECEIVED (X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER JUNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 6 timely manner and cannot contained fire in the Room of origin. Findings on July 16, 2015: a. The fire sprinkler escutcheon plate had dropped down from the ceiling. Locations of specific examples include but are not limited to: i. Corridor near from Bedroom C03. b. The fire sprinkler escutcheon plate did not cover the complete hole through the ceiling. Locations of specific examples include but are not limited to: i. Corridor near from Bedroom A01. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin Findings on July 16, 2015: a. The pair of corridor doors to A Hall Library had a 1/2 inch gap between their meeting stiles, b. The pair of corridor doors to B Hall Living room had a 3/8 inch gap between their meeting stiles, 9. Based on Observation, the Building was not maintained in a safe and operating condition, because the portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on July 16, 2015: a. A portable medical oxygen cylinder was stored standing up not secured to the structure in the Med Room.	C 189	a. placed escutcheon plate back around the sprinkler to close off gaps a. scheduled to place rubber seal in gap b. scheduled to replace with rubber seal in gap a. oxygen tank was removed and place in proper oxygen tank rack	8/28/15 9/10/15 9/10/15 8/28/15

SEP/08/2015/TUE 10:44 AM

FAX No.

P. 009

PRINTED: 08/13/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 260 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 7 10. Based on observation, the Building was not maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections, maintenance and documented required to ensure a properly working system. This could affect all residents, staff and visitors if the commercial kitchen hood's suppression system fails to operate properly when needed. Findings on July 16, 2015: a. Since the semi-annual maintenance of the commercial kitchen hood's fire extinguishing system in March 2015, there has been no record keeping of the monthly inspections.	C 189	a. Commercial kitchen hood's fire extinguishing system was inspected 7/24/15 and proper fire extinguishing tag and record made. on monthly preventative maintenance check off	7.24.15
	11. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on July 16, 2015: a. The Spa across from Bedroom B01 had a corridor door with two 1/4 inch diameter holes beside the door latching device.		a. schedule to place rubber seal in gap to fit door	9.10.15
	12. Based on Observation, the Building was not maintained in a safe and operating condition, because some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on July 16, 2015: a. The corridor door to the Sun Room had a wedge holding the door open, Deficiency corrected before Construction Surveyors		a. wedge removed and new magnetic locking and unlatching device placed on door	7/17/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 8 departed the site, b. The corridor door to the Bedroom B07 had a wedge holding the door open, c. The corridor door to the Bedroom B11 had a wedge holding the door open, d. The corridor door to the Activity Room on D Hall had a sewing machine holding the door open, e. The corridor door to the SCU Dining Room had a mechanical kick-down holding the door open, f. The corridor door to the SCU Clean Linen had a mechanical kick-down holding the door open.	C 189	b. wedge removed and occupants of room were notified why doors can't be propped open c. wedge removed and occupants of room were notified why doors can't be propped open. d. sewing machine remove. approved magnetic locking and unlocking device placed on door e. removed kickdown to door f. remove kick-down from door g. (1) replaced Boster belt on the motor for soiled linen storage (2) replaced motor (3) replaced belt on the motor on roof of building for bath/toilet (4) replaced motor	7/18/15 7/18/15 7/18/15 7/19/15 7/19/15 7/19/15 9/18/15 9/18/15
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff	C 199		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL034058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/16/2015
NAME OF PROVIDER OR SUPPLIER KERNER RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOPKINS ROAD KERNERSVILLE, NC 27284		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 9 and visitors by subjecting them to odors. Findings on July 16, 2015: a. The exhaust ventilation was running but did not remove the required amount of air. Locations of specific examples include but are not limited to: i. Men Toilet Room on the Service Corridor near Bedroom A02, ii. Women Toilet Room on the Service Corridor near Bedroom A02, iii. Kitchen Toilet Room, iv. Kitchen Housekeeping Room v. Toilet Room at Lockers vi. Bedroom C03 Bathroom	C 189	a. Replace broken belts on motor for all the exhausts-	7/19/15



Kernersville Fire Department

Fire Inspection Report Form

Telephone: (336) 996-5791 • Fax: (336) 996-4296

CONSTRUCTION SECTION

SEP 08 2015

RECEIVED

Inspection Data:		(Fill in this section on all inspections)			
Date:	Re-Inspection Date	Start Time	End Time	Company	Initial Inspection
9/8/15		1:15	1:45	13-11	
St. Numbers	Street Name	Business Name			Telephone Number
101	101 N. 1st St.	Kernersville Plaza			

Update Contact Information on All Occupancies

Emergency Contact Name	24 Hour Telephone Number
MARY GEMMA DOW	675-5051
Emergency Contact Name	24 Hour Telephone Number
AMY S. ANGL	491-6117

<input type="checkbox"/> Fire Extinguisher requires service	<input type="checkbox"/> Need to provide new key for Knox Box
<input type="checkbox"/> Exit Light(s) require service	<input type="checkbox"/> Address numbers must be posted (6" numbers)
<input type="checkbox"/> Emergency lights require service	<input type="checkbox"/> Lock/latch not approved for exit door
<input type="checkbox"/> Fire Alarm requires service (NFPA 72)	<input type="checkbox"/> Circuit breakers must be labeled
<input type="checkbox"/> Sprinkler system requires service (NFPA 25)	<input type="checkbox"/> Improper clearance around gas fired appliance
<input type="checkbox"/> Hood Suppression System requires service	<input type="checkbox"/> Electrical panel not properly accessible
<input type="checkbox"/> Extension cords used as permanent wiring	<input type="checkbox"/> MSDS Book required
<input type="checkbox"/> Storage within 24" of ceiling or 18" of sprinkler	<input type="checkbox"/> Ceiling tiles require replacement
<input type="checkbox"/> Combustible storage under unprotected stairs	<input type="checkbox"/> Obstructed aisles
<input type="checkbox"/> Fire Lane / Signs require service	<input type="checkbox"/> Maintaining a fire hazard

Special Notes:

NO. 13 JANUARY 2015 (FESS) NO. 12 - FEBRUARY 2015 (FESS) (FESS) (FESS)
NO. 10 FEBRUARY 2015 (TWIN CITY) NO. 11 - APRIL 2015 (FESS)

Inspection Results:

(Violations not listed above)

1. NO STORAGE WITHIN 18 INCHES BELOW SPRINKLER HEADS
2. VERIFY THAT ALL EXIT/EMERGENCY LIGHTING IS OPERATIONAL - CONTINUOUS PROCESS
3. FIRE DOOR TO KITCHEN MUST REMAIN CLOSED OR HELD OPEN WITH APPROVED DEVICE THAT RELEASES UPON FIRE ALARM ACTIVATION - TWO DOORS
4. RELOCATE REGULATOR TO ENABLE IT WITHIN REACH OF AND CAN PLUG DIRECTLY INTO ELECTRICAL OUTLET - CORRECTED DURING INSPECTION

NOTIFY FIRE MARSHAL'S OFFICE OF DUAL HOLDER CORRECTIONS
664-1921

Responsible Party Signature

Responsible Party Name Printed:

[Signature]

Kernersville Plaza

Inspector Signature:

Inspector Title:

Inspection Referred To:

[Signature]

FIRE MARSHAL

White: Office

Yellow: Fire Prevention

Pink: Occupant

IF THIS SECTION IS CHECKED:

During the above fire inspection, it was determined that conditions exist that do not meet the technical requirements of the Fire Code. A compliance period was allowed in order to correct these conditions. The allotted time period has expired and the above violations are outstanding.

A follow up inspection will occur in 7 business days to ensure that all deficient items have been corrected.

A \$50 reinspection fee will be charged plus an additional \$100/day fine for each outstanding violation.

Miller, Ed

From: Mary Genia Day <mday@ridgecare.com>
Sent: Tuesday, September 08, 2015 1:47 PM
To: Miller, Ed
Subject: FW: Scanned image from EH081 Kerner Ridge Assisted Living
Attachments: kernerridge.copier@ridgecare.com_20150908_121207.pdf

Ed,
Please let me know if I have missed anything.
Thank you,
Mary Genia Day

-----Original Message-----

From: kernerridge.copier@ridgecare.com
[mailto:kernerridge.copier@ridgecare.com]
Sent: Tuesday, September 08, 2015 1:12 PM
To: mday@ridgecare.com
Subject: Scanned image from EH081 Kerner Ridge Assisted Living

Reply to: kernerridge.copier@ridgecare.com <kernerridge.copier@ridgecare.com>
Device Name: EH081 Kerner Ridge Assisted Living Device Model: MX-3640N
Location: EH081 Kerner Ridge Assisted Living

File Format: PDF (Medium)
Resolution: 200dpi x 200dpi

Attached file is scanned image in PDF format.
Use Acrobat(R)Reader(R) or Adobe(R)Reader(R) of Adobe Systems Incorporated to view the document.
Adobe(R)Reader(R) can be downloaded from the following URL:
Adobe, the Adobe logo, Acrobat, the Adobe PDF logo, and Reader are registered trademarks or trademarks of Adobe Systems Incorporated in the United States and other countries.

<http://www.adobe.com/>

CONSTRUCTION SECTION
SEP 08 2015
RECEIVED